

APPLICATION FOR BUILDING PERMIT AND PLAN EXAMINATION

Telephone
(517) 486-4347

Village of Blissfield
408 E. Adrian St., P.O. Box 129
Blissfield, Michigan 49228

Fax
(517) 486-4069

AUTHORITY: P.A. 230 1972, AS AMENDED
COMPLETION: MANDATORY TO OBTAIN PERMIT
PENALTY: PERMIT WILL NOT BE ISSUED

THE DEPARTMENT WILL NOT DISCRIMINATE AGAINST ANY INDIVIDUAL OR GROUP BECAUSE OF RACE, SEX, RELIGION, AGE, NATIONAL ORIGIN, COLOR, MARITAL STATUS, HANDICAP, OR POLITICAL BELIEFS.

APPLICANT TO COMPLETE ALL ITEMS IN SECTION I, II, III, IV, V AND VI
NOTE: SEPARATE APPLICATIONS MUST BE COMPLETED
FOR PLUMBING, MECHANICAL, AND ELECTRICAL WORK PERMITS

I. PROJECT INFORMATION

PROJECT TYPE		ADDRESS		
CITY	SUBDIVISION	LOT NO.	LOT SIZE	ZONING DISTRICT
BETWEEN		AND	PROPERTY TAX NO.	

II. IDENTIFICATION

A. OWNER OR LESSEE

NAME		ADDRESS		
CITY	STATE	ZIP CODE	TELEPHONE NUMBER	

B. ARCHITECT OR ENGINEER

NAME		ADDRESS		
CITY	STATE	ZIP CODE	TELEPHONE NUMBER	
LICENSE NUMBER			EXPIRATION DATE	

C. CONTRACTOR

NAME		ADDRESS		
CITY	STATE	ZIP CODE	TELEPHONE NUMBER	
BUILDERS LICENSE NUMBER	EXPIRATION DATE		FEDERAL EMPLOYER ID NUMBER OR REASON FOR EXEMPTION	
WORKERS COMP INSURANCE CARRIER OR REASON FOR EXEMPTION		MESC EMPLOYER NUMBER OR REASON FOR EXEMPTION		

III. TYPE OF PROJECT AND PLAN REVIEW

A. TYPE OF PROJECT

- | | | | | |
|--|--|--|---|---|
| 1. <input type="checkbox"/> NEW BUILDING | 3. <input type="checkbox"/> ALTERATION | 5. <input type="checkbox"/> DEMOLITION | 7. <input type="checkbox"/> FOUNDATION ONLY | 9. <input type="checkbox"/> RELOCATION |
| 2. <input type="checkbox"/> ADDITION | 4. <input type="checkbox"/> REPAIR | 6. <input type="checkbox"/> MOBILE HOME SET-UP | 8. <input type="checkbox"/> PREMANUFACTURE | 10. <input type="checkbox"/> SPECIAL INSPECTION |

B. DESCRIBE PROPOSED PROJECT

C. VALUATION OF PROPOSED PROJECT \$

Building Permit Fee: 0.15% of total valuation of proposed project.
Minimum fee \$50.00. Fee to be paid at time of application.

IV. PROPOSED USE OF BUILDING

A. RESIDENTIAL

- | | | |
|--|--|---|
| 1. <input type="checkbox"/> ONE FAMILY | 3. <input type="checkbox"/> HOTEL, MOTEL
NO. OF UNITS _____ | 5. <input type="checkbox"/> DETACHED GARAGE |
| 2. <input type="checkbox"/> TWO OR MORE FAMILY
NO. OF UNITS _____ | 4. <input type="checkbox"/> ATTACHED GARAGE | 6. <input type="checkbox"/> OTHER |

B. NON-RESIDENTIAL

- | | | |
|--|---|---|
| 7. <input type="checkbox"/> AMUSEMENT | 11. <input type="checkbox"/> SERVICE STATION | 15. <input type="checkbox"/> SCHOOL, LIBRARY, EDUCATIONAL |
| 8. <input type="checkbox"/> CHURCH, RELIGION | 12. <input type="checkbox"/> HOSPITAL, INSTITUTIONAL | 16. <input type="checkbox"/> STORE, MERCANTILE |
| 9. <input type="checkbox"/> INDUSTRIAL | 13. <input type="checkbox"/> OFFICE, BANK, PROFESSIONAL | 17. <input type="checkbox"/> TANKS, TOWERS |
| 10. <input type="checkbox"/> PARKING GARAGE | 14. <input type="checkbox"/> PUBLIC UTILITY | 18. <input type="checkbox"/> OTHER |

NON-RESIDENTIAL - DESCRIBE IN DETAIL PROPOSED USE OF BUILDING, E.G. FOOD PROCESSING PLANT, MACHINE SHOP, LAUNDRY BUILDING AT HOSPITAL, ELEMENTARY SCHOOL, SECONDARY SCHOOL, COLLEGE, PAROCHIAL SCHOOL, PARKING GARAGE FOR DEPARTMENT STORE, RENTAL OFFICE BUILDING, OFFICE BUILDING AT INDUSTRIAL PLANT. IF USE OF EXISTING BUILDING IS BEING CHANGED, ENTER PROPOSED USE.

V. SELECTED CHARACTERISTICS OF BUILDING

A. PRINCIPAL TYPE OF FRAME

- | | | | | |
|---|--|--|---|-----------------------------------|
| 1. <input type="checkbox"/> MASONRY, WALL BEARING | 2. <input type="checkbox"/> WOOD FRAME | 3. <input type="checkbox"/> STRUCTURAL STEEL | 4. <input type="checkbox"/> REINFORCED CONCRETE | 5. <input type="checkbox"/> OTHER |
|---|--|--|---|-----------------------------------|

B. PRINCIPAL TYPE OF HEATING FUEL

- | | | | | |
|---------------------------------|---------------------------------|---|----------------------------------|------------------------------------|
| 6. <input type="checkbox"/> GAS | 7. <input type="checkbox"/> OIL | 8. <input type="checkbox"/> ELECTRICITY | 9. <input type="checkbox"/> COAL | 10. <input type="checkbox"/> OTHER |
|---------------------------------|---------------------------------|---|----------------------------------|------------------------------------|

C. TYPE OF SEWAGE DISPOSAL

- | | |
|--|--|
| 11. <input type="checkbox"/> PUBLIC OR PRIVATE COMPANY | 12. <input type="checkbox"/> SEPTIC SYSTEM |
|--|--|

D. TYPE OF WATER SUPPLY

- | | |
|--|--|
| 13. <input type="checkbox"/> PUBLIC OR PRIVATE COMPANY | 14. <input type="checkbox"/> PRIVATE WELL OR CISTERN |
|--|--|

E. TYPE OF MECHANICAL

- | | |
|---|---|
| 15. <input type="checkbox"/> WILL THERE BE AIR CONDITIONING? <input type="checkbox"/> YES <input type="checkbox"/> NO | 16. <input type="checkbox"/> WILL THERE BE FIRE SUPPRESSION? <input type="checkbox"/> YES <input type="checkbox"/> NO |
|---|---|

F. DIMENSIONS / DATA

- | 17. <input type="checkbox"/> NUMBER OF STORIES _____ | 21. FLOOR AREA: | EXISTING | ALTERATIONS | NEW |
|--|------------------|----------|-------------|-------|
| 18. <input type="checkbox"/> USE GROUP _____ | BASEMENT | _____ | _____ | _____ |
| 19. <input type="checkbox"/> CONST. TYPE _____ | 1ST & 2ND FLOOR | _____ | _____ | _____ |
| 20. <input type="checkbox"/> NO. OF OCCUPANTS _____ | 3RD - 10TH FLOOR | _____ | _____ | _____ |
| | 11TH - ABOVE | _____ | _____ | _____ |
| | TOTAL AREA | _____ | _____ | _____ |

G. NUMBER OF OFF STREET PARKING SPACES

- | | |
|--------------------|--------------------|
| 22. ENCLOSED _____ | 23. OUTDOORS _____ |
|--------------------|--------------------|

VI. APPLICANT INFORMATION

APPLICANT IS RESPONSIBLE FOR THE PAYMENT OF ALL FEES AND CHARGES APPLICABLE TO THIS APPLICATION AND MUST PROVIDE THE FOLLOWING INFORMATION

NAME		TELEPHONE NO.	
ADDRESS	CITY	STATE	ZIP CODE

I HEREBY CERTIFY THAT THE PROPOSED WORK IS AUTHORIZED BY THE OWNER OF RECORD AND THAT I HAVE BEEN AUTHORIZED BY THE OWNER TO MAKE THIS APPLICATION AS HIS/HER AUTHORIZED AGENT, AND WE AGREE TO CONFORM TO ALL APPLICABLE LAWS OF THE STATE OF MICHIGAN. ALL INFORMATION SUBMITTED ON THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

Section 23a of the state construction code act of 1972, 1972 PA 230, MCL 125.1523A, prohibits a person from conspiring to circumvent the licensing requirements of this state relating to persons who are to perform work on a residential building or a residential structure. Violators of section 23a are subjected to civil fines.

SIGNATURE OF APPLICANT

DATE

WATER AVAILABILITY FEE ENCLOSED \$	SEWER AVAILABILITY FEE ENCLOSED \$	BUILDING PERMIT FEE ENCLOSED \$
---------------------------------------	---------------------------------------	------------------------------------

VII. LOCAL GOVERNMENT AGENCY TO COMPLETE THIS SECTION

	REQUIRED?	APPROVED	DATE	NUMBER	BY
A - ZONING	<input type="checkbox"/> YES <input type="checkbox"/> NO				
B - FLOOD ZONE	<input type="checkbox"/> YES <input type="checkbox"/> NO				
C - WATER SUPPLY	<input type="checkbox"/> YES <input type="checkbox"/> NO				
D - SEWER SYSTEM	<input type="checkbox"/> YES <input type="checkbox"/> NO				
E - VARIANCE GRANTED	<input type="checkbox"/> YES <input type="checkbox"/> NO				
F - OTHER	<input type="checkbox"/> YES <input type="checkbox"/> NO				

NOTES:

VIII. VALIDATION - FOR DEPARTMENT USE ONLY

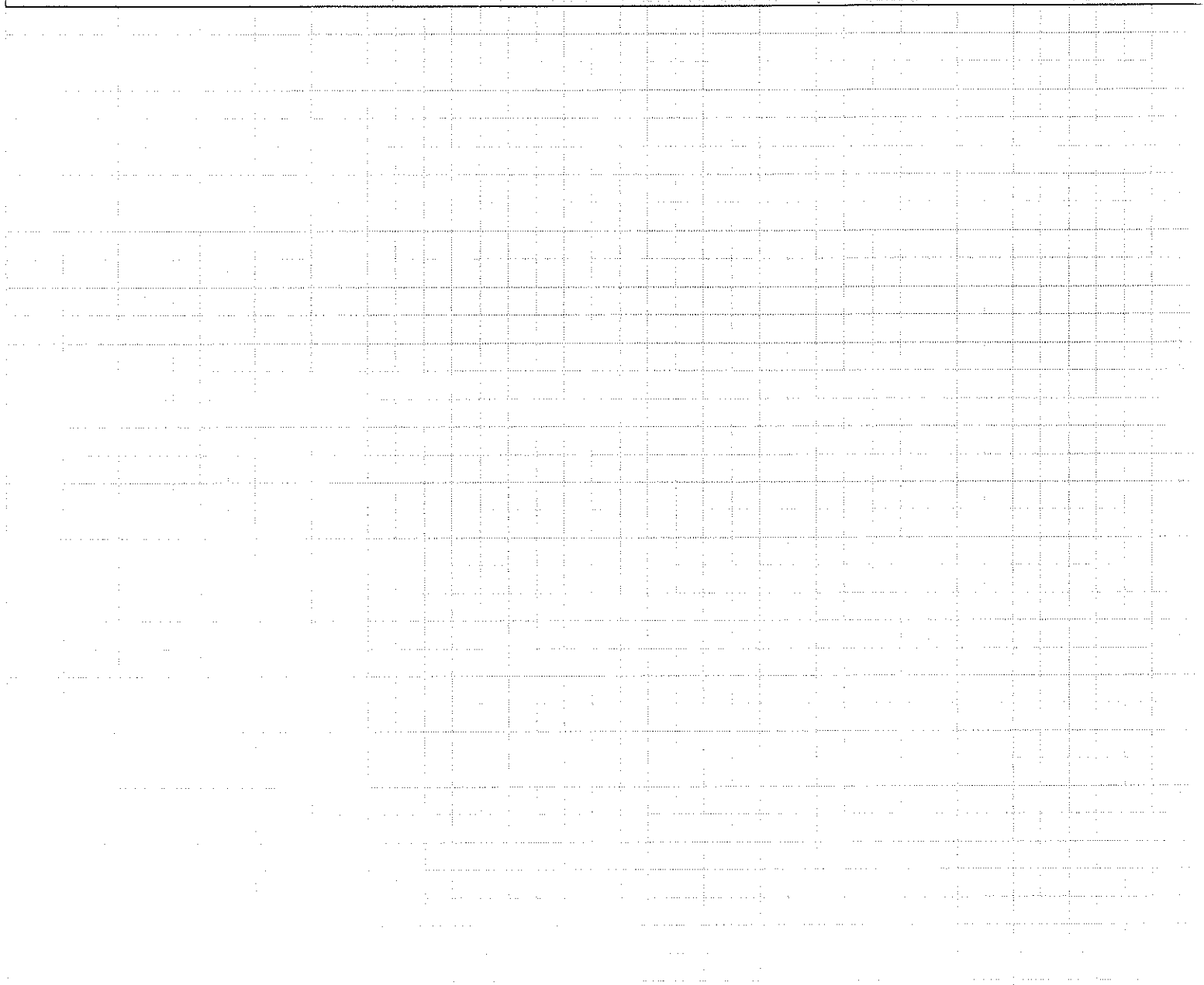
APPROVAL SIGNATURE	APPROVAL SIGNATURE
TITLE	TITLE
DATE	DATE

PERMIT NO. _____

ISSUE DATE _____

PERMIT FEE \$ _____

IX. SITE PLOT PLAN - FOR APPLICANT USE



X. FOR DEPARTMENT USE

A. INSPECTIONS REQUIRED:

☐ FOOTING / POST HOLES, BEFORE POURING CONCRETE

☐ FOUNDATION WALL, BEFORE BACKFILL

☐ INSULATION ON FOUNDATION, BEFORE BACKFILL

☐ FRAME, AFTER ROUGH APPROVALS

☐ INSULATION

☐ _____

☐ STRUCTURAL STEEL, BEFORE COVERING

☐ DRYWALL, BEFORE TAPING

☐ _____

☐ CONSTANT

☐ _____

☐ _____

☐ FINAL, BEFORE OCCUPANCY

Village of Blissfield

Roger D. Roach
Building Inspector

408 E. Adrian Street
P.O. Box 129
Blissfield, MI 49228

Cellular (517) 937-9050
Office (517) 486-4347
Fax (517) 486-4069